## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

274, 43020CX2

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |               |                                      |              |                                 |               | SMALL ENTITY TYPE |                        |          |                    | THAN                   |
|--|--|---|---------------|--------------------------------------|--------------|---------------------------------|---------------|-------------------|------------------------|----------|--------------------|------------------------|
| TOTAL CLAIMS   |  |   | 1.3           |                                      | (Coldinit 2) |                                 | ,<br>         | RATE              | FEE                    | OF.<br>T |                    |                        |
| FOR  |  |   | NUMBER FILED  |                                      | NUMBER EXTRA |                                 | -             | ASIC FEE          | +                      | -        | RATE<br>BASIC FEE  | FEE                    |
| TOTAL CHARGEABLE CLAIMS  |  |   | 47            |                                      | NOMBER EXTEN |                                 | F             |                   | - 363.00               | OR       | DASIC FEE          | 770.00                 |
|  |  |   | -7            |                                      |              |                                 |               | XS 9=             | ļ                      | OR       | X\$18=             |                        |
| INDEPENDENT CLAIMS   |  |   |               | inus 3 =                             | 0            |                                 |               | X43=              | l                      | OR       | X86=               |                        |
| М  | JLTIPLE DEPE                                   | NDENT CLAIM P                             | RESENT        |                                      |              |                                 |               | +145=             |                        | OR       | ÷290=              | _                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |               |                                      |              | column 2                        | _             | TOTAL             | 1                      | OR       | TOTAL              | 770                    |
|  | CLAIMS AS AMENDED - PART II                    |   |               |                                      |              |                                 |               |                   | <u> </u>               | _        | OTHER              | THAN                   |
| _  |  | (Column 1)                                | <del>,</del>  | (Colum                               |              | ) (Column 3)                    |               | SMALL             | ENTITY                 | OR.      | SMALL              | ENTITY                 |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |               | HIGHE<br>NUME<br>PREVIO<br>PAID F    | BER          | PRESENT<br>EXTRA                |               | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE               | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus         | **                                   |              | =                               |               | XS 9=             | ·                      | OR       | X\$18=             |                        |
| \ME  | Independent                                    | *   | Minus         | ***                                  |              | =                               |               | X43=              |                        | OR       | X86=               |                        |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                      |              |                                 |               | 1.45              |                        | 1 1      | 200                | <del></del>            |
|  |  |   |               |                                      |              |                                 |               | +145=<br>TOTAL    |                        | OR       | +290=<br>TOTAL     |                        |
|  |  |   |               |                                      |              |                                 |               | DIT. FEE          |                        | OR ,     | ADDIT. FEE         |                        |
|  |  | (Column 1)                                | (Column 3)    |                                      | ·            |                                 |               | ·                 |                        |          |                    |                        |
| ENT B  | ·  | REMAINING<br>AFTER<br>AMENDMENT           |               | HIGHE<br>NUMB<br>PREVIO<br>PAID F    | ER<br>USLY   | PRESENT<br>EXTRA                | F             | RATE              | ADDI-<br>TIONAL<br>FEE |          | RATE               | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | *   | Minus         | **                                   |              | = '                             | $\rightarrow$ | (\$ 9=            |                        | OR       | X\$18=             |                        |
| ME   | Inaependent                                    | *   | Minus         | ***                                  |              | =                               | <b>\</b>      | X43=              |                        |          | X86=               |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                      |              |                                 |               | 110-              |                        | OR       |                    |                        |
|  |  |   |               |                                      |              |                                 |               | 145=              |                        | OR       | +290=              |                        |
|  |  |   |               |                                      |              |                                 |               |                   |                        | OR ,     | TOTAL<br>ODIT. FEE |                        |
|  |  |   |               |                                      |              |                                 |               |                   |                        |          |                    |                        |
| ≤ L  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO | ER<br>JSLY   | PRESENT<br>EXTRA                | R             | ATE               | ADDI-<br>TIONAL<br>FEE |          | RATE               | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus         | **                                   |              | =                               | X             | \$ 9=             |                        | OR       | X\$18=             |                        |
|  | Independent                                    |   | Minus         | ***                                  |              | ·=                              | x             | 43=               |                        | r        | X86=               |                        |
| 1  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                                      |              |                                 |               | +                 |                        | OR       | 7,002              |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |               |                                      |              |                                 |               |                   |                        | OR       | +290=              |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  O  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |               |                                      |              |                                 |               |                   |                        | OR A     | TOTAL<br>DDIT. FEE |                        |
| Ť  | he "Highest Num                                | ber Previously Paid                       | For (Total or | Independen                           | t) is the    | i 3, enter 3.<br>highest number | found in      | n the appr        | opriate box            | in colu  | mn 1.              | j                      |